								- 1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									123	2 -	-52	75-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
T	OTAL CLAIMS	3	26					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 385.00	OR		 	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 6			XS 9=		OR	1	100	
INDEPENDENT CLAIMS			15 "	inus 3 =	12			X43=	 	\dashv	Y00	108	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT		_:					OR	<u>∧00=</u>	1032	
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	+290=		
								TOTAL	ـــــــ	OR	TOTAL	1910	
1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						۰ ۱	SMAL	L ENTITY	OR	OTHER SMALL		
AMENOMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	\cdot	RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	-2	0	= .		XS 9=		OR	X\$18≃		
	Independent	· /3	Minus	DENIDENIX	5	= /		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	/	OR	+290=		
							L	TOTA		┨ _╱ ╻╵	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	. "	ODIT. FEI	₹		AUUII. FEB		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NITATION OF ME	Minus	***	21 4114	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
			•				A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
_		(Column 1)		(Columi		(Column 3)						•	
MEN	·	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	H	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT SEE													
	the "Highest Nur	mber Previously Pai mber Previously Pai ber Previously Paid	id For IN THI:	S SPACE is I	ess than	3. enter "3 "		DIT. FEE	L		DDIT. FEE		
1014	PTO-875 /Pou 10	<u> </u>											